

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/06/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ALEXIAN VILLAGE OF TENNESSEE

671 ALEXIAN WAY

SIGNAL MOUNTAIN, TN 37377

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments During the annual Licensure survey and complaint investigation #34375, on August 4 - 6, 2014, at Alexian Village of Tennessee, no deficiencies were cited under chapter 1200-8-6, Standards for Nursing Homes.	N 000	<p>Alexian Village of Tennessee Healthcare and Rehabilitation Center offers this Plan of Correction as its allegation of compliance with the participation requirements for long term care facilities and as evidence of its ongoing efforts to provide quality care to residents.</p> <p>Disclaimer Statement Alexian Village of Tennessee Healthcare and Rehabilitation Center does not admit that any deficiencies existed, before, during or after the survey. Alexian Village of Tennessee Healthcare and Rehabilitation Center reserves all rights to contest the survey findings through the IDR, formal appeal proceeding, or any administrative or legal proceedings. This POC is not meant to establish any standard of care or contractual obligation and Alexian Village of Tennessee Healthcare and Rehabilitation Center reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this POC should be deemed applicable to peer review, quality assurance, or self-critical examination privileges, which Alexian Village of Tennessee Healthcare and Rehabilitation Center does not waive.</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 1